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Poster abstract: SPORT high-risk trial: A randomised feasibility study evaluating stereotactic prostate radiotherapy in high-risk localised prostate cancer with or without elective nodal irradiation

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Conclusion: NGS liquid biopsy analysis has a big validity either for mutation detection at the time of diagnosis or for the detection of early molecular relapse following treatment.

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191. Malignant bowel obstruction – How can we do better?

Sarah Slater, Ros Glasspool, Stephen McKay, Helen MacKay, Nicky Donnelly, Alison Mitchell, Doherty Graeme
Beatson West of Scotland Cancer Centre, UK

Background: Malignant small bowel obstruction (SBO) affects 20–50% of ovarian cancer patients and has a grave prognosis (Caprotti et al, 2006). There is little evidence to guide optimal management of these patients and they often require prolonged periods in hospital. Surgery is rarely an option as ovarian cancer SBO is characteristically multi-focal. Medical management includes a combination of opioids, antiemetics, glucocorticoids and antisecretory drugs with limited symptomatic response rates. Research suggests that a subpopulation of patients benefit from early intervention with total parenteral nutrition (TPN) and chemotherapy (Abu-Rustum et al, 1997; Bryan, 2006) but there are currently no established prognostic indicators to identify those patients most likely to benefit from TPN and access to home TPN varies around the country.

In December 2015 Health Improvement Scotland published Complex Nutritional Care Standards which require that NHS boards ensure patients are considered for complex nutritional care by a multidisciplinary team (MDT). At the Beatson, West of Scotland Cancer Centre (BWSCC), we have established a MDT to develop new guidelines and pathways for the management of patients with malignant SBO.

Method: To inform this process we undertook a retrospective study of current practice and outcomes in ovarian cancer patients with SBO at BWSCC admitted over two years.

Results: We present data on 56 patient admissions, including age, performance status, BMI, stage of disease, presence of ascites, previous and current anti-cancer therapy, laboratory factors including, albumin, white cell count and CA-125 were recorded as well as data on length of stays, use and complications of TPN, resolution of obstruction, place of discharge and survival. The current inpatient journey, specifically referral processes to dieticians, TPN team, surgeons and palliative care team is reviewed.

Conclusion: The necessity for a MDT in complex nutrition care of cancer patients is demonstrated.

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200. SPORT high-risk trial: A randomised feasibility study evaluating stereotactic prostate radiotherapy in high-risk localised prostate cancer with or without elective nodal irradiation

Ciara Lyons¹, Conor McGarry², Alan Hounsell², Sharon Hynds², Kevin Prise³, Joe O'Sullivan³, Suneil Jain³

¹Centre for Cancer Research and Cell Biology, UK

²Northern Ireland Cancer Centre, Belfast Health and Social Care Trust, UK

³Centre for Cancer Research and Cell Biology, Queen's University Belfast, UK

Background: Prostate Cancer (PC) has a low alpha-beta ratio, making it sensitive to hypofractionated radiotherapy. Stereotactic ablative radiotherapy (SABR) provides an opportunity for dose escalation beyond that achievable with conventional radiotherapy. Additionally, there is a lack of novel biomarkers in use in the management of localized PC.

Method: Thirty men with high-risk node-negative PC (at least one of PSA > 20 ng/mL, T3a, Gleason score $\geq 4 + 3$) will be randomized on a 1:1 basis to receive SABR to the prostate (P) and proximal seminal vesicles (SV) alone (36.25 Gy/5#) or to the addition of elective

pelvic nodal irradiation (ENI) (25 Gy/5#). All men will be treated using a volumetric arc therapy solution with intra-prostatic fiducial markers, a prostate-rectal spacer device and cone-beam CT-based image-guidance.

Results: The primary objective of this study is to demonstrate the feasibility of performing a randomised trial comparing P/SV SABR to the addition of ENI SABR in men with high-risk localised PC. This will be measured via distinct endpoints: adequate recruitment rate (30 patients in 24 months), number of plans delivered as planned and on schedule, and quantification of acute toxicity to enable calculation of the sample size for a subsequent Phase II trial (CTCAE v4.03). Secondary objectives include quantification of late toxicity and quality of life scores and assessment of PC outcomes post-SABR. Tertiary and exploratory outcomes include the biobanking of clinically annotated tissue, a health economic analysis, assessment of multiple biomarker candidates, measurement of fatigue, and assessment of the impact of prostate spacer placement.

Conclusion: SABR provides scope for dose escalation in men with high-risk localized PC. The role of ENI has not been determined. Furthermore, this trial offers an additional opportunity for novel biomarker investigation in localized PC.

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207. The extent and impact of musculoskeletal dysfunction on women following breast reconstruction using the latissimus dorsi muscle: A questionnaire survey

Nicole Blackburn, Iseult Wilson, Joseph McVeigh, Eilis McCaughan
Ulster University, UK

Background: Quality of life is becoming more important in regard to breast cancer as treatment advances extend the period of survivorship. Breast reconstruction following mastectomy is an important management option in breast cancer, therefore the functional implications associated with this surgery must be considered. The latissimus dorsi (LD) flap is one the most widely used surgical procedures for women with breast cancer undergoing reconstructive surgery. To date, literature has mainly focused on body image and wound healing with little in-depth investigation of the impact of this surgery on shoulder function. Few studies have specifically investigated the musculoskeletal impact of surgery and of those that have, findings have varied regarding the impact and extent.

Method: A postal survey design was used to gather detailed and personal information from women who had LD breast reconstruction. All eligible women who underwent LD flap surgery through the Northern Ireland Health and Social Care Trusts were included in the study. A range of validated outcome measures were included in order to determine both the physical and psychosocial implications of LD breast reconstruction in women following mastectomy for breast cancer.

Results: A total of 159 women, (mean age = 46.8 ± 7.9 years; mean time since surgery = 4.3 ± 2.9 years) completed the survey. The results from the validated outcome measure scores demonstrated low to moderate dysfunction among the group. Subgroup analysis revealed that auxiliary node removal significantly impacted disability scores ($p = .036$) as per DASH and quality of life scores regarding mobility ($p = .008$) and self-care ($p = .030$) as per EuroQol.

Conclusion: The findings from this study indicate that LD breast reconstruction has an impact on the functional ability of patients undergoing this specific procedure, with the results from the validated outcome measure scores demonstrating low to moderate dysfunction among the group.

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